

WEST VIRGINIA STATE COUNCILKNIGHTS OF COLUMBUS
MENTALLY HANDICAPPED PROGRAM
FUND DRIVE REPORT**

Please Print or type

Date _____

COUNCIL

NAME _____ **COUNCIL NUMBER** _____ located in

CITY _____ **WV ZIP** _____

DATE OF DRIVE _____

Beginning Bank Balance \$ _____

Total Collected \$ _____

Total Expenses \$ _____

Net Amount Sent to State Secretary \$ _____

Ending Bank Balance \$ _____

TOOTSIE ROLLS

Number of Cases Ordered _____

Number of Cases Received _____

Number of Cases Sold _____

Number of Cases Retained _____

Details of Council Expenses _____

To be completed and sent within **THIRTY** days after the drive
To the **STATE SECRETARY**

MAKE CHECKS PAYABLE TO

Columbia Mentally Handicapped Foundation of WV, Inc.

1. Send first copy and check to State Secretary
2. Send one Copy to the State Treasurer
3. Send one copy to the State MHP Chairman
4. Council retains one copy.

MHP Chairman:

Carmen R. Romano
178 Scenic Hill Drive
Bridgeport, WV 26330